

REQUEST FOR CONTINUED EXAMINATION (RCE)	Application Number	09/665,077
	Filing Date	September 19, 2000
	First Named Inventor	Michael CLIMO
	Group Art Unit	1631
	Examiner Name	Michael L. Borin
	Attorney Docket Number	7732-020-27 DIV

This is a Request for Continued Examination under 37 C.F.R. 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. 1.114

a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on May 27, 2003. (Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief filed on _____.

iii. ☐ Other: _____.

b. ☐ Enclosed

i. ☐ Amendment/Reply

ii. ☐ Information Disclosure Statement (IDS)

2. Miscellaneous

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required).

b. ☐ Other _____.

3. Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No. 50-1442.

i. ☒ RCE fee required under 37 C.F.R. 1.17(e).

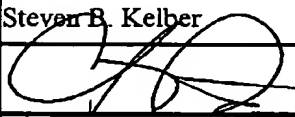
ii. ☒ Extension of time fee (37 C.F.R. 1.136 and 1.17).

iii. ☐ Other _____.

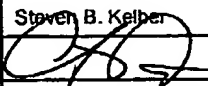
b. ☒ Check in the amount of \$ 440.00 enclosed.

CORRESPONDENCE ADDRESS

Supervisor, Patent Prosecution Services
PIPER RUDNICK LLP
1200 Nineteenth Street, N.W.
Washington, D.C. 20036-2412
Telephone No. (202) 861-3900
Facsimile No. (202) 223-2085

Name:	Steven B. Kelber	Registration No.:	30,073
Signature:		Date:	October 7, 2003
Name:	Christopher W. Raimund	Registration No.:	47,258

FEE TRANSMITTAL						Docket No.		7732-020-27 DIV						
						Serial No.		09/665,077						
						Filing Date		September 19, 2000						
						Inventor(s)		Michael CLIMO et al.						
						Group Art Unit		1631						
TOTAL AMOUNT OF PAYMENT						\$440.00		Examiner		Michael L. Borin				
1. <input checked="" type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any UNDERPAYMENT or credit any OVERPAYMENT in the indicated fees to Deposit Account No. 50-1442. <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.						FEE CALCULATION (continued)								
						3. ADDITIONAL FEES								
2. <input checked="" type="checkbox"/> Check enclosed.						Large Entity		Small Entity		Fee Description				
						Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid				
FEE CALCULATION						1051	130	2051	65	Surcharge-late filing fee or oath				
1. BASIC FILING FEE						1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet				
Large Entity		Small Entity		Fee Description		1053	130	1053	130	Non-English Specification				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid		1251	110	2251	55	1-mo. ext. of time				
1001	770	2001	385	Utility filing fee		1252	420	2252	210	2-mo. ext. of time				
1002	340	2002	170	Design filing fee		1253	950	2253	475	3-mo. ext. of time				
1003	520	2003	280	Plant filing fee		1254	1480	2254	740	4-mo. ext. of time				
1004	770	2004	385	Reissue filing fee		1255	2010	2255	1005	5-mo. ext. of time				
1005	160	2005	80	Provisional filing fee		1401	330	2401	165	Notice of Appeal				
SUBTOTAL (1)						\$0.00		1402	330	2402	165	Appeal Brief		
2. EXTRA CLAIM FEES						1403	290	2403	145	Request for Oral Hearing				
tot. claims*		-	20*	=	0	x	\$9	=	0	1501	1330	2501	665	Utility/Reissue Issue Fee
ind. claims		-	3*	=	0	x	\$43	=	0	1502	480	2502	240	Design Issue Fee
<input type="checkbox"/> Multiple Dependent Claims		\$145				=		1504	300	1504	300	Publication Fee		
Large Entity		Small Entity		Fee Description		8001	3	8001	3	Advance Copy of Patent				
Fee Code	Fee (\$)	Fee Code	Fee (\$)			1460	130	1460	130	Petitions to the Commissioner				
1202	18	2202	9	Claims in excess of 20		1806	180	1806	180	IDS Submission				
1201	88	2201	43	Independent claims in excess of 3		8021	40	8021	40	Assignment recordation				
1203	290	2203	145	Multiple dependent claim, if not paid		1801	770	2801	385	For Filing RCE				
1204	84	2204	43	*Reissue independent claims over original patent		1814	110	2814	55	Terminal Disclaimer				
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent		OTHER (indicate below):								
SUBTOTAL (2)						\$0.00								
* or number previously paid, if greater; For Reissues, see above						SUBTOTAL (3)								
						\$440.00								

Name		Steven B. Kelber		Registration No.		30,073	
Signature				Date	October 7, 2003	Telephone	202-861-3900
Name		Christopher W. Raimund		Registration No.		47,258	